PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

DP-310095

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS				(Column 1)		(Column 2)				OR 1		,
TOTAL CLAIMS			17					RATE	FEE	4	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		* &			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* 0			X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM P					+145=	i	OR	+290=		
* If the difference in column 1 is less than zero, e					, enter "0" in column 2			TOTAL		OR	TOTAL	776
CLAIMS AS AMENDED - PART II								OTHER THAN				
		(Column 1)	(Column 2) (Column 3)			SMALL ENTITY			OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CI							+145=		OR	+290=	
							٠.	TOTAL	1.0		TOTAL	
*						**	•	ADDIT. FEE		OR	ADDIT. FEE	
<u> </u>	<u> </u>	(Column 1) (Column 2) (Column 3							ADDI	· } }		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
Ĺ	FIRST PRESE	ENDENT	CLAIM		╏				000.			
								+145=		OR	+290=	
		,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 -			Un		
• •	f the entry in cally	ma 1 ia laga than th	o ontre in onle	ma 2 verita	"O" in only	uma 3	•	+145≃ TOTAL	ŧ	OR	+290=	
**	 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	
		mber Previously Painber Previously Pain					er fou	nd in the app	ropriate box	in col	umn 1.	